

PERMANENT RECORD  
WRITE PLAINLY WITH UNFADING INK  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>148</u>
District of <u>San Carlos</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>538</u>
Town of _____			Local Registrar No. _____
or			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Lyda Hooke</u>			
3. Sex of Child <u>Female</u>			
4. Twin, triplet or other. _____			
5. No., in order of birth. <u>yes</u>			
6. Legitimate? _____			
7. Date of birth <u>10 27 24</u>			
Month day year			
8. FATHER		14. MOTHER	
Full name <u>Samuel Hooke</u>		Full maiden name <u>Nancy Johnson</u>	
9. Residence (Usual place of abode) <u>San Carlos</u>		15. Residence (Usual place of abode) <u>San Carlos</u>	
If nonresident, give place and state <u>Ariz</u>		If nonresident, give place and state <u>Ariz</u>	
10. Color or race <u>4/4 Indian</u>		16. Color or race <u>4/4 Indian</u>	
11. Age at last birthday <u>29</u> (Years)		17. Age at last birthday <u>39</u> (Years)	
12. Birthplace (city or place) <u>San Carlos</u>		18. Birthplace (city or place) <u>San Carlos</u>	
(State or country) <u>Ariz</u>		(State or country) <u>Ariz</u>	
13. Occupation <u>Common Labor</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against oph-thalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>No</u>	
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at _____ m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. H. Sawyer M.D.</u>	
Given name added from _____		(Physician or midwife)	
a supplemental report _____		Address <u>San Carlos, Ariz</u>	
Month, day, year. _____		Filed _____ 19____	
Registrar. _____		Filed <u>12-7</u> 19 <u>24</u>	
		Local Registrar <u>B. J. G. H.</u>	
		County Registrar. _____	

385-1027-515